

CITIBANK® GOVERNMENT TRAVEL CARD (CENTRALLY BILLED ACCOUNT) SETUP FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I	<u>INSTRUCTIONS</u>
1. To add a new account, Cardholder completes Section IV and signs in Section VI, AOPC completes Sections II, III, and V, then signs in Section VII. 2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files. 3. Fax completed form to 605-357-2092 or mail to Citibank® Government Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.	

SECTION II	<u>REPORTING PARAMETERS</u>
(1) *Reporting Hierarchy: _____ (2) *Processing Unit ID#: _____ (maximum 5 characters)	

SECTION III	(3) *<u>PLASTIC TYPE</u> (Please check one of the following) Government Standard _____ Quasi-Generic _____ Non-POS (White) _____ Generic _____
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SECTION IV	<u>CARDHOLDER INFORMATION</u> (Please Print)
(4) *First Name of Cardholder _____ *Middle Initial _____ *Last Name (maximum 20 characters) _____ (5) *Agency/Organization Name (maximum 24 characters) _____ (6) _____ () _____ 4th Line Embossing _____ *Business Phone _____ (7) _____ () _____ *Business Mailing Street Address Line 1 (maximum 36 characters) _____ Fax Number _____ (8) Business Mailing Street Address Line 2 (maximum 36 characters) _____ *Last 4 digits of Social Security Number _____ (9) *City _____ *State _____ *Zip Code _____ Country _____ *Verification Information _____ (10) E-mail Address _____ (11) Master Accounting Code (maximum 75 characters) _____ (12) _____ (12) Discretionary Code 1 (maximum 12 characters) _____ Discretionary Code 2 (maximum 20 characters) _____ (12) Discretionary Code 3 (maximum 15 characters) _____	

SECTION V	<u>AUTHORIZATION PARAMETERS</u>
(13) Dollars per Cycle Limit: \$: _____ (14) Dollars per Transaction Limit \$: _____ (16) ATM Access: Y _____ N _____ (15) Number of Transactions: Cycle: _____ Daily: _____ (17) ATM Access Limit: Daily \$ _____ Weekly \$ _____ Cycle \$ _____	

SECTION VI	(18) <u>CARDHOLDER SIGNATURE</u>
By signing this application, I acknowledge I have read the Citibank® Government Services Travel Card Program <i>Cardholder Account Agreement</i> and agree to be bound by the terms and conditions as set forth in the Agreement. *Cardholder Signature _____ Date _____	

SECTION VII	(19) <u>AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE</u>
*Approving Agency/Organization Program Coordinator's Signature _____ Date _____ *Approving Agency/Organization Program Coordinator's Name (printed) _____ Date _____	

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***Asterisked fields must be completed prior to submission.**

Numbers in parentheses correspond to numbers on guide sheet on next page.

GUIDE TO CITIBANK® GOVERNMENT TRAVEL CARD (CENTRALLY BILLED ACCOUNT) SETUP FORM

Form for requesting a new centrally billed Travel Card.

Section I – Instructions

Section II - Reporting Parameters

1. **Reporting Hierarchy:** The five-digit reporting code assigned to each level within the organizational hierarchy that defines the card/Cardholder's relationship within your Agency's reporting structure. Up to seven five-digit codes may be assigned to your Agency. Contact your Client Account Manager for your Agency's specific codes.
2. **Processing Unit ID#:** Cardholder's five-digit billing site number (Corp ID number).

Section III - Plastic Type

3. **Plastic Type:** Card type selection: 1) Government Standard: GSA-designed standard card. US Government is printed on the card; 2) Quasi-Generic: Plain silver plastic embossed with Government-assigned account number; 3) Non-POS (White): Issued for Centrally Billed Accounts, **cannot** be used at the point-of-sale; 4) Generic: Plain silver plastic embossed with NON-Government-assigned account number.

Section IV - Cardholder Information

4. **Name of Cardholder:** Full name of Cardholder – First, Middle Initial and Last.
5. **Agency/Organization Name:** Name of Agency.
6. **4th Line Embossing:** Agency, Bureau or Operating Administration name (maximum 20 characters including spaces, i.e., GSA). This appears on the card under the location or department name.
7. **Business Mailing Street Address:** Address where the card and statements will be mailed.
8. **Last 4 Digits of the Social Security Number:** Used for card activation. Can be Agency/Organization Program Coordinator's last four digits of Social Security number or a numeric four-digit code.
9. **Verification Information:** Identification code requested from the A/OPC when he/she contacts Citibank Customer Service for assistance. This can be a control account number, cost center, etc. This number is assigned by the Agency.
10. **E-mail Address:** Agency address for e-mail communication.
11. **Master Accounting Code:** Default accounting code (i.e., general ledger code) for this card's transactions.
12. **Discretionary Code:** Alpha and/or Numeric Agency-assigned code, individualized to each card/Cardholder. This information appears on the card/Cardholder's profile of information. Note: The Agency may have up to three different discretionary codes for each card/Cardholder.

Section V - Authorization Parameters

13. **Dollars per Cycle Limit \$:** Monthly spending limit.
14. **Dollars per Transaction Limit \$:** Single transaction limit, i.e., \$500; this would restrict a Cardholder from purchasing more than \$500 for a single purchase.
15. **Number of Transactions:** Number of transactions a Cardholder can perform per monthly cycle or per day.
16. **ATM Access:** Indicate access to cash advances at Automated Teller Machines.
17. **ATM Access Limit:** Indicate dollar limit per day, week or monthly cycle.

Section VI - Cardholder Signature

18. **Cardholder Signature:** Optional, but required if plastic is issued.

Section VII - A/OPC Signature

19. **Approving Agency/Organization Program Coordinator's Signature:** Program Coordinator must sign for approval. The A/OPC must also print his or her name.